



Attorney Docket No.: F.11186

First Inventor: Alberto Spies

Title: IMPROVED FOREARM GUARD

Express Mail Label No.:

ELPP1259P19R02

TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231

- 1. X Applicant Claims Small Entity
- 2. X Specification
- 3. X Drawings
- 4. X Oath or Declaration
 - a. X Newly Executed (original or copy)

ACCOMPANYING APPLICATION PARTS

₫.	Assignment Papers	8.	Preliminary Amendment				
5 .	37 CFR 3.73(b) Statement	9.	X Return Receipt Postcard				
さ. 多. の. の.	Information Disclosure Statement						
년0. 두 5			appropriate box, and supply the requisite or in an Application Data Sheet under 37				
E	☐ Continuation ☐ Divisional ☐C	ontinuation-in-part	of prior application No.				
٥	Prior application Information: E	Examiner:	Group Art Unit:				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath for declaration is supplied under Box 5B, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							

CLAIMS AS FILED

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED NU	MBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE:				\$355.00		\$710.00
TOTAL CLAIMS:	6 minus 20 =	0	x \$ 9 =	0.00	x \$18 =	
INDEPENDENT CLAIMS: MULTIPLE DEPENDENT CLAIM	1 minus 3 =	0	x 40 =	0.00	x 80 =	
PRESENT ASSIGNMENT RECORDAL FEE:	(37 CFR 1.16(d))		+ 135 =		x 270 =	40.00
			TOTAL:	\$355.00	TOTAL:	\$

<u>x</u>	The benefit of priority under 35 U.S.C. 119(e) is hereby claimed from the following provisional application(s): Serial No. 60/208,220, filed May 30, 2000							
	Please charge my Deposit Account No. 12-1325 in the amount of \$ A duplicate copy of this sheet is enclosed.							
<u>x</u>	The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application, without specific authorization, or credit any overpayment to Deposit Account No. 12-1325. A duplicate copy of this sheet is enclosed.							
x A check in the amount of \$355.00 is enclosed to cover the filing fee.								
CORRESPONDENCE ADDRESS								
□ Customer Number 27957 or □ Correspondence address below 27957								
Name: Name: Name: Date:	Keith D. Now Sis: Lieberman & 350 Fifth Ave New York, N U.S.A.	Nowak, LLP	ax: (212) 947-0417					